



STATE OF INDIANA

Michael R. Pence, Governor

R. Scott Waddell, Commissioner

MUNICIPAL CORPORATION AND LAW ENFORCEMENT TITLE AND REGISTRATION APPLICATION CHECKLIST

Title and registration applications for Municipal Corporations and Law Enforcement are processed by the BMV Municipal Processing Department to improve the security and efficiency of these transactions. Prior to submitting each application, please verify that all required information is included. Contact (888) 692-6841 with any questions.

Title Application Requirements

- ☐ Completed and signed [Application for Certificate of Title – State Form 44049](#)
- ☐ Original Certificate of Title or Certificate of Origin
- ☐ [Physical Inspection of a Vehicle or Watercraft – State Form 39530](#). Required for vehicles purchased *outside* of Indiana.
- ☐ [Odometer Disclosure Statement – State Form 43230](#) (if odometer statement is not completed on the certificate of title or certificate of origin). Trailers and motor vehicles over 16,000 lbs exempt.
- ☐ [ST108E - Certificate of Gross Retail or Use Tax Exemption – State Form 48841](#)
- ☐ \$15 title application fee. Fees are payable by credit card (MasterCard or Visa), check, electronic check, or money order. A \$21.00 delinquent fee will be assessed on packets received 31 days after the purchase date listed on the Certificate of Title or Certificate of Origin.

Registration Application Requirements

- ☐ [Application for New and/or Transferred License Plates for Municipal Corporations and Law Enforcement – State Form 53565](#)
- ☐ Copy of Certificate of Title or [Application for Certificate of Title – State Form 44049](#) (if already titled to applicant)
- ☐ Copy of the lease agreement or [Statement of Existing Lease Agreement – State Form 12787](#) if the vehicle is being leased from a leasing company.
- ☐ Safety Inspection completed by ISP for all municipally owned school buses

If the Bureau of Motor Vehicles determines that sufficient credible evidence exists to substantiate the applicant's claim of ownership, a title and registration will be issued. For your convenience, the required forms are included with this checklist. The forms are also available at myBMV.com. Mail the completed packet to:

**Central Office Municipal Processing
100 North Senate Avenue, Room N415
Indianapolis, IN 46204**

Note: Include this checklist on the top of your application with contact information provided below. If all required documents are not submitted or information is incomplete the entire application will be returned.

Print Name _____

Phone Number _____ Email (optional) _____

APPLICATION FOR CERTIFICATE OF TITLE • STATE OF INDIANA • BUREAU OF MOTOR VEHICLES

State Form 44049 (R4 / 3-02)

Approved by State Board of Accounts 2002

TO BE COMPLETED BY A POLICE OFFICER, BMV OFFICIAL OR BMV CERTIFIED DEALER SIGNED FOR OUT OF STATE TITLES. I HEREBY CERTIFY THAT I PERSONALLY EXAMINED THE FOLLOWING VEHICLE AND FIND THE IDENTIFICATION NUMBER TO BE AS FOLLOWS.					I/WE THE UNDERSIGNED SWEAR OR AFFIRM THAT THE INFORMATION ENTERED ON THIS FORM IS CORRECT. I/WE UNDERSTAND THAT MAKING A FALSE STATEMENT ON THIS FORM MAY CONSTITUTE THE CRIME OF PERJURY. FUTHERMORE, I/WE AGREE TO INDEMNIFY AND HOLD HARMLESS THE INDIANA BMV FROM ANY LIABILITY ARISING FROM THIS TRANSACTION.				
VEHICLE IDENTIFICATION NUMBER									
YR.	MAKE	MODEL	TYPE	DATE	X _____ X _____ DATE: _____				
INSPECTOR'S PRINTED NAME & TITLE			CITY						
INSPECTOR'S SIGNATURE			BADGE, BRANCH OR DEALER PLATE NO.		The law requires that you apply for Certificate of Title within thirty-one days from the date of purchase of a motor vehicle. There is a delinquent fee for failure to do so. Attach Certificate of Title assigned by seller. On endorsed Titles, liens must be released. Supporting documents surrendered with this application cannot be returned to the applicant. *In accordance with Federal Code 383.				

1.	TITLE NUMBER	BRANCH NO.	INVOICE NO.	BMV USE ONLY			
2.	*SOC. SEC./FEDERAL I.D.NO.	APPLICANT'S NAME					BMV USE ONLY
3.	STREET ADDRESS		CITY		STATE	ZIP CODE	
4.	VEHICLE I.D. NUMBER	VEH. YEAR	VEH. MAKE	VEH. MODEL NO.	VEH TYPE	ODOMETER	
5.	FORMER TITLE NUMBER	PURCHASE DATE	LIEN	SPEED	PICK UP	MAIL	DEALER NO. BMV USE ONLY
6.	FIRST LIEN'S NAME OR SPECIAL MAILING ADDRESS				STREET ADDRESS		
7.	CITY	STATE	ZIP CODE		BMV USE ONLY		
8.	SECOND LIEN'S NAME				STREET ADDRESS		
9.	CITY	STATE	ZIP CODE	LICENSE NUMBER	LICENSE YEAR	FORMS USED	BMV USE ONLY
GROSS RETAIL & USE TAX AFFIDAVIT - I/WE HEREBY CERTIFY THAT SALES OR USE TAX ON THIS VEHICLE WAS PAID AS INDICATED BELOW.							
10.	SELLING PRICE \$	LESS TRADE-IN * \$	AMOUNT SUBJECT TO TAX \$	AMOUNT OF TAX \$	DEALER	BRANCH	EXEMPT IF EXEMPT PLACE PARA.#

*Your Social Security number / Federal I.D. number is being requested by this agency under IC 4-1-8-1. Disclosure is manadatory and this document cannot be processed without it.

APPLICANT RESPONSIBLE FOR ACCURACY OF INFORMATION

APPLICATION FOR CERTIFICATE OF TITLE • STATE OF INDIANA • BUREAU OF MOTOR VEHICLES
BUREAU - TO BE MAILED WITH TITLE REPORT



PHYSICAL INSPECTION OF A VEHICLE OR WATERCRAFT

State Form 39530 (R5 / 12-11)

Approved by State Board of Accounts, 2011

INDIANA BUREAU OF MOTOR VEHICLES

- INSTRUCTIONS:**
1. Approved inspector must complete information in blue or black ink or print form.
 2. The vehicle identification number (VIN) or hull identification number (HIN) must be inspected to verify the existence and condition of the number. An ownership document is not required to be submitted for inspection.
 3. Inspections may be performed by an employee of a dealer designated by the Indiana Secretary of State, a military policeman assigned to a military post in Indiana, a police officer, or a designated employee of a BMV full or partial service license branch.
 4. Police officers completing this form may not charge a fee of more than \$5.00 for vehicles. No fee may be collected for watercraft inspections. Authorized Indiana dealers and BMV full or partial service license branches may not assess a fee.
 5. Dealers may not perform watercraft inspections.

OWNER INFORMATION

Name (last, first, middle initial or company name)

Address (number and street)

City

State

ZIP Code

VEHICLE OR WATERCRAFT INFORMATION

Identification Number

☐ **NONE** (select if no identification number found)

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Year	Make	Model	Type	Plate Number / State	Watercraft Registration Number, if applicable
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For assembled vehicles or watercraft include serial numbers for major component parts if present:

Engine / Motor	Transmission
Body Chassis	Front Assembly
Rear Clip	Frame

Other (specify):

*IDACS / NCIC Check (required if form is completed by a police officer)

Date Check Performed (mm/dd/yyyy)	Comments
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I swear or affirm that the information I have entered on this form is correct. I understand making a false statement may constitute the crime of perjury.

Signature of Inspector	Printed Name	Title	Date (mm/dd/yyyy)
Badge / Branch / Dealer Number	Police Department / Branch / Dealership	City	ZIP Code
Telephone Number ()	Email Address		



ODOMETER DISCLOSURE STATEMENT

State Form 43230 (R3 / 5-13)
INDIANA BUREAU OF MOTOR VEHICLES

- INSTRUCTIONS:**
1. In accordance with federal and state law, the seller of a motor vehicle must disclose the current mileage to a purchaser in writing upon transfer of ownership. The disclosure must be signed by the seller, including the printed name. If more than one person is a seller, only one seller is required to sign the written disclosure.
 2. The purchaser must sign the disclosure statement, including printed name and address, and return a copy to the seller.
 3. Complete this form in its entirety, in blue or black ink.

Federal and State law requires that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines, imprisonment, or both.

I, _____ residing at: _____
Printed name(s) of Seller(s)

_____ certify to the best of my knowledge that the
Address of Seller(s) (number and street, city, state, and ZIP code)

odometer reading is the actual mileage of the vehicle described below unless one of the following statements is checked:

Miles (no tenths)

- ☐ 1. I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.
- ☐ 2. I hereby certify that the odometer reading is NOT the actual mileage and should not be relied upon.
WARNING - ODOMETER DISCREPANCY.

Vehicle Make

Vehicle Model

Vehicle Year

Vehicle Body Type

Vehicle Identification Number (VIN)

Transfer Date (month, day, year)

I will not hold the Bureau of Motor Vehicles or the Bureau of Motor Vehicles Commission responsible for any discrepancy shown on the odometer reading. I, the undersigned, swear or affirm that the information entered on this form is correct. I understand that making a false statement may constitute the crime of perjury.

Signature(s) of Seller(s)

Date (month, day, year)

PURCHASER'S INFORMATION

I am aware of and acknowledge the above odometer certification made by the seller(s).

Signature(s) of Purchaser(s)

Date (month, day, year)

Printed Name(s) of Purchaser(s)

Address of Purchaser(s) (number and street)

City

State

ZIP Code



Form
ST-108E
State Form 48841
(R4 / 3-08)

Indiana Department of Revenue
**Certificate of Gross Retail or Use Tax
EXEMPTION for the Purchase of a
Motor Vehicle or Watercraft**

NAME OF DEALER		Dealer's RRM # (Registered Retail Merchant Certificate Number) <div style="display: flex; justify-content: space-around; align-items: center;"><div style="border-bottom: 1px solid black; width: 100px; text-align: center;">TID# (10 digits)</div><div style="border-bottom: 1px solid black; width: 100px; text-align: center;">LOC# (3 digits)</div></div>	
Dealer's FID # (Federal Identification Number, 9 digits)		Dealer's License Number(seven digits)	
Address of Dealer	City	State	Zip Code
NAME OF PURCHASER(S) (PRINT OR TYPE)		SSN, TID, OR FID # (Mandatory)	
Address of Purchaser	City	State	Zip Code
Vehicles Identification Information of Purchase			
VIN # (Vehicle Identification Number) OR HIN # (Hull Identification Number)	Year	Make	Model/Length
Calculation Of Purchase Price		Trade in Information	
1. Total Purchase Price	1. <div style="border-bottom: 1px solid black; width: 100px;"></div>	VIN # (Vehicle Identification Number) OR HIN # (Hull Identification Number)	
2. Trade-Allowance (Like-kind exchanges only).....	2. <div style="border-bottom: 1px solid black; width: 100px;"></div>	Year	Model/Length
3. Net Purchase Price (Line 1 minus Line 2).....	3. <div style="border-bottom: 1px solid black; width: 100px;"></div>	Make	Model/Length
CALCULATION OF PURCHASE PRICE LINES 1, 2 & 3 MUST BE COMPLETED FOR ALL EXEMPTED PURCHASES			
NEW RESIDENT STATEMENT Must Be Completed if Exemption # 8 is claimed, see reverse side. I certify that I became a resident of INDIANA on (month & year) _____.			
My previous State of Residence was _____. I hereby certify that the above statement is true and correct.			
Date _____ Signature of Owner _____			
SALES/USE TAX WORKSHEET To be completed if Sales and/or Use Tax was paid to a state other than Indiana, Exemption # 15. See reverse side.			
Date of Purchase _____			
1. Purchase price of property subject to sales/use tax 1. \$ _____			
2. Indiana sales/use tax due: Multiply Line 1 by sales/use tax percentage (7%) 2. _____			
3. Credit for sales tax previously paid to another state..... 3. _____ (Do not include flat fees, local, and/or excise taxes.) In what state was the tax paid? _____			
4. Total amount due: Subtract Line 3 from Line 2..... 4. \$ _____ (Line # 3 can not exceed Line # 2)			
DIRECT RELATIVE IDENTIFICATION EXEMPTION (Must Be Completed if Exemption # 11 is claimed, see reverse side).			
Name(s) on original title _____ Relationship of above parties _____			
Name(s) being added/deleted _____			
PUBLIC TRANSPORTATION EXEMPTION (Must be completed if exemption # 6 is claimed and you are not a school bus operator.)			
USDOT # (U.S. Department of Transportation Number) _____			
I certify that the above vehicle or watercraft is exempt from sales/use tax under exemption # _____ (see reverse side). I also certify that any sales tax credit shown as paid to an out of state dealer using exemption #15 was actually collected by the dealer and the dealer has not provided the buyer with a check to be paid to the BMV. I understand that making a false statement on this form may constitute the crime of perjury.			
Date _____ Signature of Purchaser _____			

GENERAL INFORMATION

INDIANA CODE 6-2.5-9-6 requires that a person titling a vehicle or watercraft present certification indicating the state gross sales and use tax has been paid; otherwise, the payment of the tax must be made directly to a Bureau of Motor Vehicles license branch.

If NONE of the exemptions apply to the purchase, Form ST-108 must be completed by the dealer and the purchaser to indicate that the sales/use tax was collected by the dealer. The dealer is then required to submit the sales/use tax to the Department of Revenue.

A purchaser's ID# (SSN-Social Security #, TID - Indiana Taxpayer Identification #, FID - Federal Identification #) is mandatory to claim an exemption. Calculation of Purchase Price lines #1, #2 and #3 must be completed for all exempted purchases. The exemption claim is not valid without providing a required ID# and Purchase Price information. Exemptions available are:

1. Vehicles or watercraft purchased by Indiana or Federal governmental units or their instrumentalities.
2. Vehicles or watercraft purchased by nonprofit organizations operated exclusively for religious, charitable, or educational purposes and using the vehicle for the purpose for which such organization is exempt. The applicant **MUST** indicate its 13 digit Indiana TID and LOC number on the front of the form. **The nonprofit name must be on the title to claim this exemption.**
3. Issue title for the sole purpose of adding lien holder information. This exemption is not available to add, delete, or change the name on a title.
4. Trucks, not to be licensed for highway use, and to be directly used in direct production of manufacturing, mining, refining or harvesting of agricultural commodities. Ready-mix concrete trucks are exempt under this paragraph even though they are to be licensed for highway use. **Vehicles registered with farm plates are not exempt.**
5. Sales of motor vehicles or watercraft to Registered Retail Merchants acquiring the vehicles or watercraft to rent, or lease to others and whose ordinary course of business is to rent or lease vehicles or watercraft to others.
6. Vehicles or watercraft to be predominately used for hire in public transportation. (Hauling for hire.) Your USDOT number must be shown on the reverse side of this form. Predominate use is greater than 50%.
7. Vehicles or watercraft transferred from one individual to another with no consideration involved or received as outright gift or inheritance. Assumption of loan payments by the purchaser constitutes consideration and is therefore NOT exempt unless the transferred party was listed on the original security agreement. **A copy of the original security agreement must be submitted with the title paperwork.**
8. **Vehicles** previously purchased, titled and licensed in another State or Country by a bonafide resident of that State or Country, who subsequently has become an Indiana resident, are exempt from Indiana sales/use tax upon titling and registration of the vehicle in Indiana. **Watercraft** previously purchased, titled, or licensed in another state, by a bonafide resident of that state, who subsequently has become an Indiana resident, are exempt from sales/use tax upon titling or registration of the watercraft in Indiana. The **New Resident Statement** on the front of the form **MUST** be completed.
9. Vehicles or watercraft purchased to be immediately placed into inventory for resale. NonIndiana dealers must enter both their FID number and their state's Dealer License Number on this form in lieu of the Indiana TID number if they are not registered with the Indiana Department of Revenue. **Note: Motor vehicle dealers are only exempt from sales tax on new motor vehicles purchased for which they possess a manufacturer's franchise to sell that particular vehicle. If a dealer does not possess a manufacturer's franchise to sell the new vehicle purchased the dealer must pay sales tax and the resale exemption is invalid. (I.C. 6-2.5-5-8)**
10. Vehicles or watercraft, not to be licensed for use, which are eligible for a repossession title issued by the State of Indiana as a result of a bonafide credit transaction or salvage title resulting from an insurance settlement.
11. Transactions consisting of adding or deleting a spouse, child, grandparent, parent, or sibling of the owner of a motor vehicle only per 6-2.5-5-15.5. **The Direct Relative Identification Statement on the front of the form MUST be completed.**
12. Vehicles or watercraft won as a prize in a raffle or drawing which were previously titled by a qualified nonprofit organization. A valid Federal Miscellaneous Income Statement, Form 1099-MISC or an affidavit completed by the nonprofit organization must be submitted with the title paperwork in order for this exemption to be claimed. The affidavits must state the nonprofit organization name and exemption number, the winner's name, address and social security number and the fair market value of the vehicle awarded as the prize.
13. Redemption of repossessed vehicles or watercraft by the original owner.
14. Indiana Department of Revenue use only. This exemption may not be used unless authorized by the Department by calling (317) 233-4017. A complete copy of each transaction claiming this exemption must be sent to IDOR, Compliance Division.
15. Sales tax paid to a non-BMV licensed dealer. The seller may be either an Indiana seller or an out of state seller. This amount will be used as a nonrefundable credit against the amount of Indiana sales tax due.

This agency is requesting the disclosure of your Social Security number in accordance with IC 4-1-8-1. Disclosure is mandatory; this record cannot be processed without it.



APPLICATION FOR NEW AND/OR TRANSFERRED LICENSE PLATES FOR MUNICIPAL CORPORATIONS AND LAW ENFORCEMENT

State Form 53565 (R3 / 6-13)

INDIANA BUREAU OF MOTOR VEHICLES

BUREAU OF MOTOR VEHICLES

Municipal Processing
100 North Senate Avenue
Room N415
Indianapolis, IN 46204

INSTRUCTIONS

1. Complete in blue or black ink or print form.
2. Complete all information in sections 1, 2, 3, and 4, as applicable and mail to the address listed above.
3. The application must be accompanied by a copy of each vehicle title, title application, or lease agreement.
4. Choose one of the following: a permanent license plate type that is reflective of your entity; a standard passenger license plate, or indicate other license plate type desired.
5. A safety inspection must be completed by the Indiana State Police for all school bus plate requests.

SECTION 1. APPLICANT INFORMATION

Official name of entity that owns or leases the vehicle(s)	State Board of Accounts number	Federal Identification Number		
Entity's Executive Officer's name and title	Contact Telephone number ()	Email Address		
Entity street address (number and street)				
City	State IN	ZIP Code	County	Township

SECTION 2. VEHICLE INFORMATION

(List the following information for each vehicle, attach additional sheets if necessary)

(1) VEHICLE IDENTIFICATION NUMBER : (Please enter in spaces below.)														Purchase or lease date (mm/dd/yyyy)			
Color		Type		Make		Model		Year		Gross Vehicle Weight (if applicable)							
Description of official business for which the entity will use the vehicle (LEA's should include here if tactical or non-tactical vehicle.)								Financial Responsibility (Source of self-insurance; or Insurance Company Name and Policy number)									
The application is for (check one) ____ New License Plate ____ Transfer an Existing License Plate: _____ (plate number)								License Plate Type: (check one)									
								____ City Police ____ Sheriff ____ Municipal ____ School Bus ____ State Owned University ____ Driver Education Or you may choose one of the following: ____ Passenger ____ Other: _____ (enter plate type)									
(2) VEHICLE IDENTIFICATION NUMBER : (Please enter in spaces below.)														Purchase or lease date (mm/dd/yyyy)			
Color		Type		Make		Model		Year		Gross Vehicle Weight (if applicable)							
Description of official business for which the entity will use the vehicle (LEA's should include here if tactical or non-tactical vehicle.)								Financial Responsibility (Source of self-insurance; or Insurance Company Name and Policy number)									
The application is for (check one) ____ New License Plate ____ Transfer an Existing License Plate: _____ (plate number)								License Plate Type: (check one)									
								____ City Police ____ Sheriff ____ Municipal ____ School Bus ____ State Owned University ____ Driver Education Or you may choose one of the following: ____ Passenger ____ Other: _____ (enter plate type)									

(3) VEHICLE IDENTIFICATION NUMBER : (Please enter in spaces below.)														Purchase or lease date (mm/dd/yyyy)							
Color				Type				Make				Model				Year		Gross Vehicle Weight (if applicable)			
Description of official business for which the entity will use the vehicle (LEA's should include here if tactical or non-tactical vehicle.)										Financial Responsibility (Source of self-insurance; or Insurance Company Name and policy number)											
The application is for (check one) <input type="checkbox"/> New License Plate <input type="checkbox"/> Transfer an Existing License Plate: _____ <div style="text-align: center;">(plate number)</div>										License Plate Type: (check one) <input type="checkbox"/> City Police <input type="checkbox"/> Sheriff <input type="checkbox"/> Municipal <input type="checkbox"/> School Bus <input type="checkbox"/> State Owned University <input type="checkbox"/> Driver Education Or you may choose one of the following: <input type="checkbox"/> Passenger <input type="checkbox"/> Other: _____ <div style="text-align: center;">(enter plate type)</div>											
(4) VEHICLE IDENTIFICATION NUMBER : (Please enter in spaces below.)														Purchase or lease date (mm/dd/yyyy)							
Color				Type				Make				Model				Year		Gross Vehicle Weight (if applicable)			
Description of official business for which the entity will use the vehicle (LEA's should include here if tactical or non-tactical vehicle.)										Financial Responsibility (Source of self-insurance; or Insurance Company Name and policy number)											
The application is for (check one) <input type="checkbox"/> New License Plate <input type="checkbox"/> Transfer an Existing License Plate: _____ <div style="text-align: center;">(plate number)</div>										License Plate Type: (check one) <input type="checkbox"/> City Police <input type="checkbox"/> Sheriff <input type="checkbox"/> Municipal <input type="checkbox"/> School Bus <input type="checkbox"/> State Owned University <input type="checkbox"/> Driver Education Or you may choose one of the following: <input type="checkbox"/> Passenger <input type="checkbox"/> Other: _____ <div style="text-align: center;">(enter plate type)</div>											
(5) VEHICLE IDENTIFICATION NUMBER : (Please enter in spaces below.)														Purchase or lease date (mm/dd/yyyy)							
Color				Type				Make				Model				Year		Gross Vehicle Weight (if applicable)			
Description of official business for which the entity will use the vehicle (LEA's should include here if tactical or non-tactical vehicle.)										Financial Responsibility (Source of self-insurance; or Insurance Company Name and policy number)											
The application is for (check one) <input type="checkbox"/> New License Plate <input type="checkbox"/> Transfer an Existing License Plate: _____ <div style="text-align: center;">(plate number)</div>										License Plate Type: (check one) <input type="checkbox"/> City Police <input type="checkbox"/> Sheriff <input type="checkbox"/> Municipal <input type="checkbox"/> School Bus <input type="checkbox"/> State Owned University <input type="checkbox"/> Driver Education Or you may choose one of the following: <input type="checkbox"/> Passenger <input type="checkbox"/> Other: _____ <div style="text-align: center;">(enter plate type)</div>											

SECTION 3. ENTITY CLASSIFICATION

The entity shall indicate which **one** (1) of the following classifications the entity belongs, thus entitling the entity to a permanent municipal license plate. The entity must also submit the following requested written documentation or meet the requirements that establish that the entity meets the classification for which it qualifies for a municipal or law enforcement license plate. Please check one (1):

1. The State of Indiana

- ☐ a) a state agency
- ☐ b) a state university, or
- ☐ c) other state entity

2. A municipal corporation (as defined in IC 36-1-2-10) "Municipal corporation" means any of the following:

- ☐ a) a county, city, town, or township
- ☐ b) school corporation (Must be listed as a school corporation with the Indiana Board of Education),
- ☐ c) library district (Must be listed as a library with the Indiana State Library),
- ☐ d) local housing authority (Must provide a certified copy of the ordinance(s) that establishes the authority),
- ☐ e) fire protection district (Must be listed with the Indiana State Fire Marshall or Indiana Department of Homeland Security),
- ☐ f) public transportation corporation (Must provide a certified copy of the ordinance(s) that establishes the corporation),
- ☐ g) local building authority (Must provide a certified copy of the resolution or ordinance(s) that establishes the authority),
- ☐ h) local hospital authority or corporation (Must provide a certified copy of the resolution or ordinance(s) that establishes the authority),
- ☐ i) local airport authority (Must provide a certified copy of the resolution or ordinance(s) that establishes the authority),
- ☐ j) special service district (Must provide a certified copy of the resolution or ordinance(s) that establishes the district),
- ☐ k) other separate local governmental entity that may sue and be sued (Must provide a certified copy of the statute, ordinance or resolution that establishes the entity)

☐ **3. A volunteer fire department (as defined in IC 36-8-12-2)** (Must be listed with the Indiana State Fire Marshall or Department of Homeland Security and provide a copy of the contract or resolution to provide firefighting services for a county, city, town, or township.)

☐ **4. A volunteer emergency ambulance service that meets the requirements of IC 16-31 and has only members that serve for no compensation or a nominal annual compensation of not more than \$3,500.00** (Must be registered as a Volunteer Emergency Ambulance Service with the Indiana Emergency Medical Services and provide an official letter from the Indiana Emergency Medical Services Commission.)

☐ **5. A rehabilitation center funded under IC 12-12** (Must be listed as a rehabilitation center with the Indiana Rehabilitation Bureau and provide a letter from the Indiana Rehabilitation Bureau of the FSSA.)

☐ **6. A community action agency (IC 12-14-23)** (Must be designated by the Governor or under Federal law as a community action agency.)

☐ **7. An area agency of aging and the aged (IC 12-10-1-6) and a county council on aging that is funded through an area agency** (Must provide a copy of the contract with the Bureau of Aging and In-Home Services.)

☐ **8. A community mental health center (IC 12-29-2)** (Must provide a copy of the Division of Mental Health and Addiction's certificate to operate in Indiana as a community mental health center.)

For Law Enforcement License Plate (only available to these entities pursuant to IC 9-18-3-6):

(Must provide official identification showing the representative is employed with the entity.)

☐ **9. The Indiana State Police Department**

☐ **10. A county police department**

☐ **11. A city or town police department**

SECTION 4. AFFIRMATION AND SIGNATURE

The authorized representative submitting this application swears or affirms under the penalty of perjury that the answers and information contained in this application are true and correct, that the entity for which this application is made owns or leases the above listed vehicle(s) and uses it for official business pursuant to IC 9-18-3-1. A municipal license plate issued to a vehicle shall be permanently attached to the vehicle listed in this application in accordance with IC 9-18-3-4.

Date (month, day, year)	Signature of authorized entity representative	Typed or printed name of entity representative
Typed or printed title of entity representative		Office telephone number of entity representative ()

